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PETERSFIELD RURAL DISTRICT COUNCIL.

ANNUAL REPORT

Hand

of the

MEDICAL OFFICER OF HEALTH



and



CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 8.

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THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Mr. I. Fry, J.P.,

Vice-Chairman of the Council and
Chairman of the Public Health Committee.

Mr. J.S.G. Crosland.

Members of the Council:

Mr. W.A. Allam.	Lady Jaffray.
Mrs. T.H. Barnsley.	Mr. G.G. Jolliffe.
Mr. B.L.P. Blacker.	Mr. H.J.C. Jones.
Mr. D.S.W. Blacker.	Capt. C.N. Lentaigne, D.S.O., R.N.,
Lady Doris Blacker, J.P.	Mr. A.H. Moore.
Lt. Comdr. A.J.C. Bullen.	Admiral A.J.L. Murray, C.B., D.S.O., O.B.E.,
Sir Hugh Cocke.	Mr. W.P. Ness.
Mr. H. Newman Collard.	Mr. H.H.C. Oram.
Mr. W.A. Collins.	Admiral E.G. Robinson, V.C., O.B.E.,
Capt. A.F. Coryton, D.L., J.P.,	Mr. S.B. Selmes.
Lt. E. Cove, R.N., (Retd).	Mrs. E.B.D. Shove.
Mr. W.A. Coyte.	Mrs. M.E. Smith.
Mr. J.S.G. Crosland.	Miss W. Stubington.
Col. The Rt. Hon. Sir Reginald	Mr. D.V.N. Toplis.
Dorman-Smith, P.C., G.B.E.,	Mr. M.J. Tosdevine.
Mr. I. Fry, J.P.	Rear Admiral E.L. Tottenham, C.B., O.B.E.
Mr. H. Heath.	Miss F.A. Vickers.

Members of Health Department Staff.

Medical Officer of Health:

S. Chalmers Parry, M.A. Cantab., M.R.C.S., L.R.C.P., D.P.H.

Chief Public Health Inspector:

A. Swan, A.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:

L.R. Devenish, Cert.S.I.B., M.A.P.H.I.

Clerks:

V.W.H. Denman.
Miss C.J. Wedge.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

Telephone Nos:
Petersfield 319/506/507.

The Old College,
Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I have the honour to present the Annual Report for the year ending 31st December, 1958 on the health and sanitary conditions of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

During the year, there was very little notifiable infectious disease.

Vaccination against poliomyelitis commenced on a large scale as the supplies of vaccine became available.

There has been no case of diphtheria in the district during the past six years; but, in the country as a whole, for the first time in 14 years, there has been a rise in the incidence of diphtheria.

Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

In November, a very successful campaign on "Guard that Fire" was carried out locally in connection with the National one which was opened by the Home Secretary.

I should like to take this opportunity of thanking you all for your support and encouragement; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to record my appreciation of the efficient and conscientious work carried out by Mr. Swan and members of the Staff.

S. CHALMERS PARRY.
Medical Officer of Health.
Petersfield Rural District Council.

LEGISLATION.

During the year, the following legislation affecting the Public Health Department was enacted:-

1. The Clean Air Act, 1956 (Appointed Day) Order, 1958.

This Order brought into operation on the 1st June, the remaining provisions of the Act, including the prohibition of dark smoke from chimneys, measures for dealing with grit and dust from furnaces, and the abatement of smoke nuisances.

2. The Dark Smoke (Permitted Periods) Regulations, 1958.

These Regulations, which came into force on 1st June, specify the permitted periods for the emission of dark smoke.

3. Slaughterhouses Act, 1958.

Came into force on 1st August, this Act deals with the licensing of private slaughterhouses, the safety, health and welfare of employees, and the methods of slaughter.

The Act also brings all slaughterhouses within the scope of the Factories Acts.

4. Slaughter of Animals Act, 1958.

An Act to repeal and consolidate several previous Acts.

5. Slaughterhouses (Hygiene) Regulations, 1958.

These Regulations impose upon the occupiers of slaughterhouses, requirements as to the construction, layout, drainage, equipment, maintenance, cleanliness, ventilation, lighting, water supply, management of personnel hygiene. Certain of the Regulations, applying to the construction and lighting of existing slaughterhouses, will not come into operation until dates appointed by the Ministry.

6. Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

Re-enacts several previous Regulations, the principal new provisions are, that stunning-pens are made compulsory for the slaughter of cattle on such dates to be appointed, certain provisions for the care of animals in lairages, and conditions for the licensing of slaughtermen.

STATISTICS OF THE AREA.

Area	54,758 acres.
Rateable Value (1958/59)	£214,960.
Sum represented by a penny rate (1958/9)	£811.
Approximate number of inhabited houses	6,503.
"Home" Population (based on Registrar General's final figures from Census) Mid 1958	22,920.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex for over twenty-four miles.

The area comprises thirteen parishes, three of which have a population of over 3,000 and their villages form the main centres of population.

Increasing availability of main services has led to modernisation and improvement to most villages and hamlets in the area without excessively changing their character and they remain popular residential resorts.

Modern estates have developed in a few urban sections of the district. These are frequently dormitories and are mainly purchased by newcomers to the area.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London - Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. The seasonal harvesting of crops calls for a concentrated labour force and this is provided to a large extent by people who follow a gipsy way of life and by town dwellers who look upon it as a profitable holiday.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

VITAL STATISTICS.

Births.

	<u>1958</u>			<u>1957</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
Live Births (Legitimate)	158	160	318	150	144	294
(Illegitimate)	13	6	19	6	7	13
Total Live Births			<u>337</u>			<u>307</u>

Live Birth rate per 1,000 of the estimated population was 14.7 compared with 16.4 for the whole of England and Wales.

Illegitimate live births per cent of total live births 5.6%

	<u>1958</u>			<u>1957</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
Still Births (Legitimate)	2	2	4	2	1	3
(Illegitimate)	-	-	-	1	-	1
Total Still Births			<u>4</u>			<u>4</u>

Still Birth rate per 1,000 total (live and still) births was 11.7 compared with 21.6 for the whole of England and Wales.

	<u>1958</u>			<u>1957</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
Total Live and Still Births	173	168	341	159	152	311

Deaths.

	<u>1958</u>			<u>1957</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
From all causes	117	112	229	107	90	197

Death rate per 1,000 estimated population was 9.9 compared with 11.7 for the whole of England and Wales.

Maternal Mortality.

Pregnancy, childbirth, abortion 1

Maternal mortality rate per 1,000 live and still births was 2.9.

Infant Mortality (deaths under one year).

	<u>1958</u>			<u>1957</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
Legitimate	2	2	4	5	2	7
Illegitimate	-	-	-	-	-	-
Total Infant Deaths			<u>4</u>			<u>7</u>

Infant mortality rate per 1,000 live births was 11.8 compared with 22.5 for the whole of England and Wales.

Infant Mortality Rate.

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the district is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period:-

Infant Mortality Rates (per 1,000 Live Births).		
Year.	Faversham Rural District.	England & Wales.
1942.	42.5	52.0
1943.	43.6	50.0
1944.	43.7	46.0
1945.	43.5	45.0
1946.	40.0	42.0
1947.	31.1	39.2
1948.	27.5	35.9
1949.	27.8	33.3
1950.	22.6	30.6
1951.	23.8	29.1
1952.	24.9	27.8
1953.	28.5	26.8
1954.	26.7	25.7
1955.	27.9	24.8
1956.	24.2	23.9

The infant mortality rate for the year under review was 11.8 compared with 22.5 for England and Wales.

Causes of Death.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis of Respiratory System	2	1	3
2. Other forms of Tuberculosis.	-	-	-
3. Syphilis.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal Infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other Infective and Parasitic Diseases.	1	-	1
10. Malignant Neoplasm, Stomach.	3	2	5
11. " " Lung, Bronchus.	10	-	10
12. " " Breast.	-	3	3
13. " " Uterus.	-	-	-
14. Other Malignant & Lymphatic Neoplasms.	11	11	22
15. Leukaemia, Aleukaemia.	-	-	-
16. Diabetes.	-	2	2
17. Vascular Lesions of Nervous System.	19	23	42
18. Coronary Disease, Angina.	21	11	32
19. Hypertension with Heart Disease.	5	6	11
20. Other Heart Disease.	14	18	32
21. Other Circulatory Disease.	8	6	14
22. Influenza.	-	1	1
23. Pneumonia.	5	3	8
24. Bronchitis.	4	2	6
25. Other Diseases of Respiratory System.	-	1	1
26. Ulcer of Stomach and Duodenum.	3	4	7
27. Gastritis, Enteritis and Diarrhoea.	-	1	1
28. Nephritis and Nephrosis.	-	1	1
29. Hyperplasia of Prostate.	2	-	2
30. Pregnancy, Childbirth, Abortion.	-	1	1
31. Congenital Malformations.	1	-	1
32. Other Defined and Ill-defined Diseases.	6	11	17
33. Motor Vehicle Accidents.	1	2	3
34. All other Accidents.	1	2	3
35. Suicide.	-	-	-
36. Homicide and Operations of War.	-	-	-
	117	112	229

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at Milton, Portsmouth, (Telephone: Portsmouth 22331) and specimens of clinical material (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to the Director, Dr. K. Hughes.

Specimens may be left at the Porter's Lodge, of the Infectious Diseases Hospital, at any time. Urgent specimens can be dealt with, when the laboratory is closed, by telephoning the technician on call at St. Mary's Hospital (Telephone: Portsmouth 22331).

At Winchester, specimens may be deposited in the sample box placed outside the laboratory, or they may be left at the Main Hall of the Royal Hampshire County Hospital at any time when the laboratory is closed. At week ends, and on public holidays, arrangements are made for dealing with specimens during the morning and evening. Urgent specimens can be dealt with at any time and the Director, Doctor M.H. Hughes, is available at Twyford 3349 for telephone consultation when he is not in the laboratory.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 23641).

Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

The use of the Hospital Car Service may also be obtained through the Ambulance Officer (Telephone, Fareham 3626).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261).

Nursing and Health Visiting in the homes and clinics.

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

Names and Addresses of Nurses.	District served.	Names and Addresses of Health Visitors.
Mrs. Eames, S.R.N., S.C.M., Lurganboy, Stonehill Road, Headley Down, Bordon. (Tele: Headley Down 2170).	Passfield.	Miss V. Gawthorp, S.R.N., S.C.M., R.S.H. Certificate, Cherry Croft, Liphook Road, Headley, Bordon. (Tele: Headley Down 3322).
Miss M. Saville, S.R.N., S.C.M., (Queen's Nurse), R.S.H. Certificate, Nurse's Cottage, Headley Road, Liphook. (Tele: Liphook 3179).	Bramshott. Liphook. Conford. Hammer.	
Miss K. Bagley, S.R.N., S.C.M., (Queen's Nurse), Moss Cottage, Western Road, Liss. (Tele: Liss 3139).	Greatham. Liss.	
Miss May, S.R.N., S.C.M., (Queen's Nurse), R.S.H. Certificate, 22 Goslings Croft, Selborne, Alton. (Tele: Selborne 219).	Empshott.	
Mrs. J.M. Beaton, S.R.N., S.C.M., (Queen's Nurse), 1 Privett Road, High Cross, Froxfield. (Tele: Hawkley 243).	Colemore. Priorsdean. Hawkley. Oakshott. Froxfield. Privett.	
Miss E.F. Moore, S.C.M., 16 Glenthorne Meadow, East Meon. (Tele: East Meon 263).	East Meon.	Miss E.J. Read, S.R.N., S.C.M., R.S.H. Certificate, Church Cottage, West Meon, Petersfield. (Tele: West Meon 315).
Miss E.M. Belshaw, S.R.N., S.C.M., 22 Queen's Road, Petersfield. (Tele: Petersfield 676).	Langrish. Stroud. Steep. Sheet. N. Petersfield.	
Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 153 The Causeway, Petersfield. (Tele: Petersfield 628).	Ramsdean. S. Petersfield. Buriton.	
Mrs. E. Wiggett, S.R.N., (Queen's Nurse), 2 Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219).	Clanfield. Hogs Lodge. Chalton.	Mrs. M. Fitzgerald, S.R.N., S.C.M., R.S.H. Certificate, Three Ways, Sheep Wash Lane, Denmead. (Tele: Waterloo 2172)

continued over/.....

Nursing and Health Visiting in the homes and clinics. (continued).

Names and Addresses of Nurses.	District served.	Names and Addresses of Health Visitors.
<p>Ø Mrs. E. Wiggett, S.R.N., (Queen's Nurse).</p> <p>* Mrs. L. Hampson, S.R.N., S.C.M., (Queen's Nurse), 2 Nelson Crescent, Horndean. (Tele: Horndean 2276).</p>	<p>Horndean. Lovedean. Blendworth. Catherington.</p>	<p>N.W. Horndean - Miss B.G. Osborn, S.R.N., S.C.M., R.S.H. Certificate, Orthopaedic Nursing Certificate, 3 Craneswater Avenue, Southsea. (Tele: Portsmouth 31155)</p> <p>S.E. Horndean - Mrs. M. Fitzgerald, S.R.N. S.C.M., R.S.H. Certificate.</p>
<p>Miss M. Munro, S.R.N., S.C.M., (Queen's Nurse), 133 Botley Drive, Leigh Park, Havant. (Tele: Havant 186).</p>	<p>Rowlands Castle. Redhill. Idsworth. Finchdean.</p>	<p>Miss E.M. Wheeler, S.R.N., S.C.M., R.S.H. Certificate, 9 Hulbert Road, Bedhampton, (Tele: Havant 307).</p>

Ø General Nursing only.

* Midwifery only.

Clinics.

The following Clinics are held at the County Council Health Clinic, Love Lane, Petersfield, (Tele: Petersfield 20).

* Ophthalmic Clinic	By appointment.
Child Welfare Centre	Wednesday mornings and afternoons
School Clinic	By appointment.
Dental Clinic	By appointment. (which can be obtained by telephone between 9 a.m. & 9.15 a.m. Mondays to Fridays).
Speech Therapy Clinic	Tuesday afternoons by appointment.

Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age:-

Centre	Hall	Afternoons
Clanfield	Memorial Hall.	1st Friday.
East Meon	Institute Hut.	1st and 3rd Thursdays.
Horndean	Nash Memorial Hall.	2nd and 4th Tuesdays.
Liphook	Church Room.	1st and 3rd Tuesdays.
Liss	Village Hall.	2nd and 4th Fridays.
Rowlands Castle	Parish Hall.	3rd Wednesday.

Child Welfare Centres (continued).

The following eight centres, situated in adjoining districts are available for children living near the boundaries of the district:-

Centre	Hall	Afternoons
Alton	Assembly Rooms.	Every Tuesday.
Bedhampton	St. Thomas' Church Hall, Belmont Park.	1st and 3rd Tuesdays.
Grayshott	Village Hall.	1st and 3rd Fridays.
Havant	County Council Health Clinic, 4 Park Way.	2nd and 4th Tuesdays.
Headley	Village Hall.	2nd and 4th Fridays.
Petersfield	Health Clinic, Love Lane.	Every Wednesday. (morning and afternoon).
Leigh Park	St. Francis Church Hall, Riders Lane.	Every Tuesday & Friday.
Waterlooville	St. George's Hall, Hambledon Road.	2nd and 4th Thursdays.

The work of the voluntary helpers, who assist the medical staff at the Welfare Centres is greatly appreciated.

Ante-natal Clinics.

The following Ante-natal Clinics are held:-

Centre	Hall	Day of month when held at 2.0 p.m.
Alton	General Hospital, Anstey Road.	1st, 2nd, 3rd and 4th Thursdays.
Havant	County Council Health Clinic, 4 Park Way.	1st, 2nd, 3rd and 4th Mondays.
Liss	British Legion Hall, Rake Road.	1st Thursday and 3rd Wednesday.

* Chest Clinics.

Queen Alexandra Hospital, Cosham, (Telephone, Cosham 79451, Ext. 114).

Mondays. 10.0 a.m. Old patients.
2.0 p.m. Old patients.
Wednesdays. 2.0 p.m. New patients.
Thursdays. 2.0 p.m. Refills.

Dr. J.P. Sharp, the Chest Physician, is in attendance.

Health Department, The Castle, Winchester. (Telephone, Winchester 4411, Ext 132).

Wednesdays. 10.0 a.m. Old patients.
2.30 p.m. New patients.
Thursday. 9.30 a.m. Patients by appointment.
1.30 p.m. Refills.

Dr. A. Capes, the Chest Physician, is in attendance.

Northfield Hospital, Redan Road, Aldershot. (Telephone Aldershot 1965).

Mondays. 9.30 a.m. Old patients.
2.0 p.m. Refills.
Tuesdays. 9.30 a.m. Old patients.
11.15 a.m. New patients.
1.30 p.m. Old patients.

Dr. D.J. ap Simon, the Chest Physician, is in attendance.

* Venereal Diseases.

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males : 5.0 p.m. to 7.0 p.m., Tuesdays and Fridays.
Females : 3.0 p.m. to 7.0 p.m., Mondays.
9.30 a.m. to 11.0 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon.,
5.0 p.m. to 7.0 p.m., } Tuesdays and Thursdays.
Females : 5.0 p.m. to 7.0 p.m., Mondays.
2.0 p.m. to 4.0 p.m., Wednesdays.
10.0 a.m. to 12.0 noon., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.30 a.m. to 12.0 noon., Saturdays.
Females : 2.15 p.m. to 4.0 p.m., Tuesdays.

SCHOOL HEALTH SERVICES.

* Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are seen by appointment from the Appointments Officer at each Hospital, at the following Clinics:-

Alton.

Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays.

Remedial Clinic held at Lord Mayor Treloar Hospital daily.

Havant.

Surgeon's Clinic, held at Havant War Memorial Hospital, on fourth Tuesdays, p.m.

Remedial Clinic, held at County Council Health Clinic, 4 Park Way on Tuesdays, all day (except fourth Tuesday p.m.) and Wednesdays all day.

Petersfield.

Remedial Clinic, held at Petersfield General Hospital as required.

* Ophthalmic Clinics.

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

Havant.

Held at County Council Health Clinic, Park Way.

Petersfield.

Held at County Council Health Clinic, Love Lane.

* Orthoptic Clinic.

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

* Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

School Clinic.

This is held at the County Council Health Clinic, Love Lane, Petersfield, by appointment.

Speech Therapy Clinics.

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Tuesdays at 1.30 p.m. by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Clinics at Park Way, Havant, and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

Child Guidance Clinic.

Cases are seen by appointment through the County Medical Officer, at the County Council Health Clinic, Park Way, Havant, or Manor Park Health Clinic, Aldershot.

Dental Clinics.

These are held for treatment of school children, pre-school children and expectant and nursing mothers by appointment at the County Council Health Clinics at Petersfield and Havant, and at schools and other premises as and when required. A Dental Clinic Trailer is available for use in the area.

Family Planning Association Clinics.

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

ADDRESS	DAY	TIME
<u>COSHAM.</u> Child Welfare Centre, Northern Road.	Wednesdays.	1.30 - 3.30 p.m.
<u>GUILDFORD.</u> St. Luke's Hospital, Warren Road.	Fridays. Enquiries to Hon. Secretary, Mrs. Farmer, 27 Harvey Road, Guildford. (Telephone: Guildford 4235).	6.0 - 7.30 p.m. (by appointment only).
<u>MIDHURST.</u> Welfare Hall, Petersfield Road.	1st and 3rd Thursdays.	2.30 - 4.0 p.m.
<u>PORTSMOUTH.</u> Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.30 - 3.30 p.m.
	Fridays.	6.0 - 8.0 p.m.
<u>WINCHESTER.</u> The Hut (adjoining Trafalgar House), Trafalgar Street.	Tuesdays.	2.0 - 4.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

* These services are the responsibility of the Regional Hospital Board.

HOSPITALS.

General.

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL.

(Telephone, Haslemere 894).

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 1221) has twenty-eight beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL.

(Telephone, Guildford 2323).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 22331).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 22281).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151).

Heathside Hospital, Petersfield.

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the Health Visitor.

Infectious Diseases.

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road, Portsmouth (Telephone, Portsmouth 22331) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Tele: Alton 2811).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office, (Telephone, Winchester 2261) deals with the admission of these patients.

FOOD HYGIENE.

The communal way of feeding, which was forced upon many folk during the war years, is still widely practised and, because of their cheapness, made up meat dishes remain very popular. These circumstances have, no doubt, contributed to the prevalence of food poisoning caused by the infection of pre-cooked food.

So it should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions:-

- (1) Diarrhoea or vomiting.
- (2) Septic cuts or sores, boils or whitlows.
- (3) Discharges from the ear, eye or nose.
- (4) Any feverish illness.

Customers have now become more clean food minded; and, if any uncleanness is observed in food premises, they often complain to the management.

The hygiene standard of such shops and restaurants therefore lies to some extent in their hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is of course all in the interest of the general public to encourage safer practices.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch. "No touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough safely to handle food of this nature.

Vulnerable foods - which include pressed meat, brawn, meat-pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared, but they act as ideal breeding grounds for any dangerous germs that gain access and, if kept at warm temperatures, the germs will multiply very rapidly.

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that the product in which they occur is going to be heat treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

There is, however, another type of germ that is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food is sufficiently long.

Food Hygiene (continued).

This organism is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this source of infection. In fact, if all meat were eaten on the day it was cooked, these outbreaks would cease. Soups, stews, gravies, pies, pease pudding, etc., provide even better conditions for the multiplication of the germs than solid meat.

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

- (1) Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).
- (2) Personal cleanliness of "food non-handlers".
- (3) Proper storage and display of food at safe temperature.

The most recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, 1957, states:- "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themselves ensure the safety of such frequently implicated foods as brawn, pressed meats and ham and bacon, the additional measure is refrigeration".

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

It is, therefore, most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

The Chief Medical Officer to the Ministry of Health has stated:- "The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible."

The Food Hygiene Regulations, 1955, affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, packaging, wrapping, service or delivery of food.

HEALTH EDUCATION.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

The Chief Medical Officer in a report to the Ministry of Health stated:-- "The principal source of infection is still the made-up meat dish, which is dangerous, because of the time which elapses between its preparation and consumption.

It is encouraging to be able to show that for the second year in succession, there has been a drop in the reported incidence of food poisoning, after, as will be seen from the table below, a steady increase in the previous five years.

Food Poisoning Statistics 1951 - 57 (from reports P.H.L.S.)

Year	Outbreaks	Family Outbreaks	Sporadic Cases	Total Incidents
1951	343	287	2,717	3,347
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071

For the first time, no outbreaks associated with milk were reported.

This improvement may well reflect results of some of the good health education that there has been on this subject. But much of this poisoning is preventable, and it is clear from figures of the thousands of incidents (representing many more thousands of people affected) that more education is needed.

It is possible that, if egg and egg products, meat and meat products, and feeding stuffs and fertilizers could be protected from contamination with salmonellae in the first place, or if all products likely to be contaminated with salmonellae could be adequately heat-treated, the incidence of food poisoning would fall considerably.

Whilst latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

Egg products are possibly one of the main sources of salmonellae in foods".

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonellae infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

Health Education (continued).

"Prevention of salmonellae food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning, however, it is evident that certain caterers still find difficulty in applying them".

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared several good posters on the subject, including four illustrated coloured posters, which cover the four essentials of good food handling:-

- (1) "Wash your hands well".
- (2) "Finger food as little as possible".
- (3) "Cover all cuts and sores properly".
- (4) "Cover food against flies".

The seeds of good hygiene are sown at home, but if they are to germinate and develop successfully, cultivation must be encouraged at school.

Children have gradually become more used to modern methods of sanitation and it is unfortunate that these are not always available in school buildings.

SMOKING AND CANCER OF THE LUNG.

In 1957, the Ministry of Health sent a Circular to all local health authorities on the subject of smoking and lung cancer. In that circular, it was stated that the Medical Research Council had concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years was that a major part of it was caused by smoking tobacco, particularly cigarette smoking.

These authorities were asked to make known the risks through their arrangements for health education so that everyone may be aware of the risks involved in smoking, and the individual who smokes can then make up his or her own mind.

To smoke or not to smoke? that is the burning question for all those from adolescence to middle age.

At the request of the Ministry of Education, greater attention is now being paid to the problems of cigarette smoking among children. They are encouraged to think very carefully before commencing the practice which may become a habit associated with the increased incidence of lung cancer in later life. The County Medical Officer says "It behoves all doctors, particularly those interested in preventive medicine, to lose no opportunity of keeping the public aware of this danger, and especially to dissuade the younger age groups from acquiring the smoking habit".

Dr. Horace Joules, a chest physician, summarises the position as follows:-

"In Britain, we suffer more from bronchitis than any other country in the world and the cigarette is one of the main causes for this high incidence. We led the world in cigarette smoking from about 1910 to 1930 and now we lead the world with our figures for bronchitis and cancer of the lung.

Smoking and Cancer of the Lung (continued).

In many countries, scientific study has shown that the rise in cases of cancer of the lung is directly related to the rise in cigarette smoking, but this result follows at least 25 years of smoking - except in the very heavy smoker. At least four out of five cases of cancer of the lung are caused by the habit".

Dr. J.H. Edwards estimates that, in 1957, the total number of deaths caused from tobacco - i.e. by lung cancer, bronchitis and reactivated pulmonary tuberculosis - was nearly five times as heavy as deaths on the roads.

Dr. J.A. Scott, Medical Officer of Health to the County of London states:- "The people most likely to benefit by anti-smoking propaganda fall into three groups - school children, adolescents and those in early middle and middle age.

A principal difficulty with young people is that, in their own estimate, they are immortal, and the possibility of any event happening more than a month or two ahead will not affect their present conduct. They are, however, extremely susceptible to influence by example.

Much can be done by the example of parents and teachers, elder brothers and sisters and others whom small children watch and imitate. And the most effective method is for them to use self-discipline and not smoke themselves, because children accept, as normal and desirable, the standards of conduct of their elders.

Adolescents are recognised as the main target for direct approach. They have an increasing sense of self-importance, recently acquired, which needs to be reinforced by assuming the habits and manners of maturity. And what is more important, their example is not lost upon their younger brothers and sisters".

ACCIDENTS IN THE HOME.

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend much more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds, and suffocation, and of these, about 700 are due to burns and scalds.

More than four-fifths of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

Accidents in Children.

According to the Chief Medical Officer's report to the Ministry of Health during the year, 733 children, including 637 under five years of age, suffered fatal accidents in their homes. This figure of 733 fatalities, which forms 11% of all fatal domestic accidents is, happily, the lowest figure yet recorded, but most burns and scalds and poisoning accidents to children must be regarded as preventable.

Accidents in the Home (continued).

These must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge all play their part. Women and girls suffer more than twice as many burning accidents as men and boys, for full skirted loose garments present a much greater fire risk than narrow or close fitting ones.

Occasionally children have been found suffocated by plastic bibs or bags.

The U.S. National Safety Council reported 28 fatalities from plastic "garment bags" between January and June.

It seems that the plastic bag becomes electrically charged and, if pulled over a child's head, it clings tenaciously and resists removal.

If a small child is found dead with a plastic bib firmly plastered over his face, the adhesive qualities of saliva and food remnants around the baby's mouth are generally blamed. But, now the electrical properties of the bib may be called in question.

Plastic bibs should always be secured to the baby's clothes to prevent disaster; and small children should not be allowed to play with plastic bags or they may use them as "space helmets" etc. Plastic bags must be regarded as potentially lethal to young children.

Accidents in old People.

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent-minded, and these psychological features may be accompanied by physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two-thirds of fatal home accidents and three-quarters of these fatalities affect people of seventy-five and over.

The majority of the victims are women.

Thermal Accidents.

Statistics about non-fatal accidents are not available but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing catching on fire. Most of these accidents are due to the clothing coming in contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Scalds have a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins of hot water placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

Approximately two-thirds of the hospital admissions for scalds, sustained at home, occur in children under five years of age.

Accidents in the Home (continued).

Preventive Measures:

The majority of these burning and scalding accidents could be avoided and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Under the Children and Young Persons Acts, 1933 and 1952, parents and guardians are liable to a fine if a child of 12 years or under is seriously injured from burns caused by an unguarded "heating appliance liable to cause injury to a person by contact therewith".

The Heating Appliances (Fireguards) Act, 1952, and the Regulations made under it require that, from 1st October, 1954, all gas, electric and oil fires must be fitted, when sold, with a guard attached. Many householders are not aware of the danger of unguarded fires, have no knowledge of this Act, and have taken no steps to acquire guards for the fires purchased before the Regulations came into force.

Efficient Fireguards.

The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fireguard of the British Standard Specification. It forms a protection from burning by falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

Safer Clothing.

The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

Recent research has shown that virtually all fabrics in common use for clothing are flammable and that the shape of the garment and the nature of the source of ignition are the most important factors in relation to accident risk.

A special Committee was set up by the British Standards Institution to consider the flammability rating of clothing textiles. In their report³ they recommended that a standard of durable flame-resistance of fabrics should be established, and that goods, offered for sale to the public as flame-resistant, should be warranted as such and identified accordingly.

Care is necessary with all fabrics which are now known to be flame-resistant; and the public should be encouraged to obtain fabrics (which comply with the British Standard of "flame resistance") as soon as these become available.

Prevention of Scalding Accidents.

Overcrowding is frequently a contributory factor, and the kitchen is the most dangerous room. There is no doubt that kitchen discipline and kitchen design could do much to reduce the incidence of scalds. The cooker and the sink should not be on opposite sides of the room, but should be sited along one wall, or two adjacent walls, and joined by a work surface.

Accidents in the Home (continued).

Prevention of Scalding Accidents (continued).

Although, in some cases, scalding accidents may be precipitated by the shape, design and use made of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

Local Campaign.

In November, a National "Guard that Fire Campaign" was opened by the Home Secretary. The aim of the campaign was to persuade householders to guard all fires whether coal, gas or electric.

Considerable publicity for the campaign was organised locally and a mobile exhibition was open in The Square, Petersfield. The exhibition was built and manned by Officers of the County Fire Service.

A loudspeaker van toured the town drawing attention to the exhibition and the record numbers attending proved that the campaign was very successful.

* The Flammability of Apparel Fabrics in relation to Domestic Burning Accidents by British Standards Institution 1957.

Accidents in the Home - Burns and Scalds (Ministry of Health).

INTERNATIONAL TRAVEL.

Travellers from abroad, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The International Sanitary Regulations, 1956, specify the following periods for the validity of International Certificates of vaccination:-

Type of Vaccination.

Validity.

(After date of vaccination or inoculation).

	<u>Begins</u>		<u>Ends</u>
Smallpox primary vaccination	8 days)		3 years
Smallpox re-vaccination	at once)		3 years
Cholera primary vaccination	6 days)	after	6 months
Cholera re-vaccination within 6 months	at once)	date of vaccination.	6 months
Yellow fever primary vaccination	10 days)		6 years
Yellow fever re-vaccination within 6 years.	at once)		6 years

International Travel (continued).

But the Health Authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons, who are required to be vaccinated or inoculated against more than one disease, are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the District.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health, except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Pathological Laboratory of the Royal South Hants and Southampton Hospital, Exmoor Road, Southampton, on Tuesdays by appointment. (Telephone: Southampton 26211).

For inoculations for which there is no international certificate, an ordinary certificate by the doctor is sufficient.

SMALLPOX VACCINATION.

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this country generally arise from the importation of the disease from abroad, and this was so in 1957. It is something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

In England and Wales in 1957, the percentage of infants under the age of one year, who were vaccinated, was 43.0 and the figure for 1958 was 44.5. It is still far below what may be regarded as satisfactory. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the extent of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore important that primary vaccination should be carried out; it is far too frequently refused because parents are under the impression that it will harm their babies. If the first vaccination is put off until adolescence or later, there may be a slight risk; but it is believed that the risks attending primary vaccination are less in infancy than at any other age and, since many persons will need to be vaccination at some time, it is highly

Smallpox Vaccination (continued).

desirable that this should be done early in life, if only as an insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential personal protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the third month.

The "acceptance" rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 54.6.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox.

During the year, two hundred and eighty six vaccinations against smallpox were carried out:-

Vaccination.	Pre-school children.	School children.	Over 15 years of age.
Primary	202	11	2
Re-vaccination	2	16	53
TOTAL	204	27	55

DIPHTHERIA IMMUNISATION.

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

During the year, in England and Wales, there were some small outbreaks of diphtheria and a number of sporadic cases in different parts of the country, which brought the total number of notifications above that for 1957. This is the first time there has been a rise in the incidence of diphtheria for 14 years.

Since 1943, when the immunisation campaign got well under way, each year has shown a drop in the number of cases. In 1957, there were only 37 instead of the average 50,000 a year that occurred before the campaign started. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom once it had been gained.

Experience over the last few years has shown that in school communities, where immunisation rates are low, diphtheria infection when once introduced can gain momentum and lead to an outbreak. The need for early immunisation and for the booster dose is therefore stressed.

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5 - 9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.

Although the number of immunisations given to babies under 1 year has decreased only very slightly, the number of "booster" doses for school children has dropped considerably over the past few years.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return of high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except the occasionally imported case.

The Ministry of Health recommends that all children should be immunised before their first birthday - preferably at the age of seven or eight months and that they should receive a "booster" or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and reinforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Diphtheria Immunisation (continued).

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

In this district 51.4% of the children, born during the year 1957, were immunised before they attained the age of one year. Although children up to five years of age are the most susceptible age group, all under fifteen years should be immunised.

During the year, four hundred and twenty four immunisations against diphtheria were carried out:-

Immunisation.	Pre-School children.	School children.
Primary	9	-
Reinforcing or "Booster"	5	69
Combined Primary	34	-
Combined "Booster"	3	44
Triple Primary	191	5
Triple "Booster"	13	51
TOTALS	255	169

Children may be immunised by their own doctors, or at the following Child Welfare Clinics:-

- (a) Within the District -
Clanfield, Horndean, Liphook, Liss and Rowlands Castle.
- (b) In the adjoining Districts -
Alton, Grayshott, Headley, Petersfield, Waterlooville and Stockheath.

WHOOPING COUGH IMMUNISATION.

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping Cough immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria, triple immunisation against whooping cough, diphtheria and tetanus and immunisation against whooping cough alone; but it does not provide for the immunisation against whooping cough alone after the age of five years.

Whooping Cough Immunisation (continued).

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisation against three infections.

While diphtheria immunisation has been commenced generally at the seventh or eighth month, whooping cough immunisation is usually started much earlier - at about the third or fourth month of infancy - and, according to authorities, there is no reason why diphtheria immunisation also should not be begun at an earlier age.

POLIOMYELITIS VACCINATION.

In May, 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947 - 54, began in selected areas of Hampshire. Later, in 1957 and 1958, the age groups for registration were extended and the vaccinations were carried out as supplies of vaccine became available.

In this district, practically all the inoculations have been given by the general practitioners.

During the year one thousand seven hundred and fifty five vaccinations against poliomyelitis were carried out:-

	Pre-School Children. 1 - 4 yrs.	School Children. 5 - 14 yrs.	Adults 15 - 23 yrs.
No. completed a course of two inoculations.	503	1,118	97
No. completed a course of three inoculations.	25	12	-

Personal precautions against Poliomyelitis.

The World Health Organisation has issued six points for the personal protection of the public against poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.
3. Avoid intimate association, such as shaking hands with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid over exertion.
6. Avoid unnecessary travel to and from communities where the disease is prevalent.

PREVALANCE OF, AND CONTROL OVER, INFECTIOUS

AND OTHER DISEASES.

Notifiable Diseases.

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Diseases	Total cases notified.	Rate per 1,000 of the Estimated Population.	
		Petersfield R.D.	England and Wales.
Scarlet Fever	18	0.78	0.85
Measles	35	1.52	5.72
Whooping Cough	11	0.47	0.73
Puerperal Pyrexia	1	0.04	0.23
Dysentery	5	0.21	0.84
Pneumonia	1	0.04	0.49
Poliomyelitis (P)	1	0.04	0.03
Poliomyelitis (N.P)	1	0.04	0.01
Erysipelas	4	0.16	0.07
Malaria	1	0.04	-
Food Poisoning	1	0.04	0.19
Meningococcal Infection	1	0.04	0.01

An analysis of the total notified cases according to age groups is given below:-

Age Group	Scar-let Fever	Meas-les	Whoop-ing Cough.	Puer-peral Pyrexia	Dysen-tery	Pneu-monia	Polio-mye-litis	Ery-sip-elas
Under 1 year	-	1	-	-	-	-	-	-
- 2 years	-	2	-	-	-	-	-	-
- 3 years	1	5	-	-	1	-	-	-
- 4 years	2	2	-	-	1	-	-	-
- 5 years	1	6	-	-	-	-	-	-
- 10 years	11	14	9	-	-	-	-	-
- 15 years	2	2	1	-	-	-	1(N.P)	-
- 20 years	1	1	-	-	-	-	1(P)	-
- 35 years	-	1	1	1	-	-	-	-
- 45 years	-	-	-	-	-	-	-	2
- 65 years	-	-	-	-	3	-	-	-
Over 65 years	-	1	-	-	-	1	-	2

The cases of Malaria, Food Poisoning and Meningococcal Infection occurred in the 5 - 10 year age group.

The following table shows the number of cases of Infectious Disease notified during the year and the parishes in which they occurred:-

Parish	Scar- let Fever.	Meas- les	Whoop- ing Cough.	Puer- peral Pyrexia	Dysen- tery	Pneu- monia	Polio- mye- litis	Ery- sip- elas.	Mal- aria
Bramshott	-	3	3	-	-	-	2	-	-
Buriton	-	-	-	-	-	-	-	-	-
Clanfield	2	2	-	-	-	-	-	-	-
Colemore & Priorsdean	-	-	1	-	-	-	-	-	-
East Meon	10	1	1	-	2	-	-	-	-
Froxfield	-	1	-	-	-	-	-	4	-
Greatham	-	2	-	-	-	-	-	-	-
Hawkley	-	-	-	-	-	-	-	-	-
Horndean	5	7	2	-	3	1	-	-	1
Langrish	-	2	3	-	-	-	-	-	-
Liss	-	7	-	1	-	-	-	-	-
Rowlands Castle	1	7	-	-	-	-	-	-	-
Steep	-	3	1	-	-	-	-	-	-
TOTALS	18	35	11	1	5	1	2	4	1

The cases of Food Poisoning and Meningococcal Infection occurred in the Parish of East Meon.

Analysis of Scarlet Fever cases according to Parish.

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Clanfield	2	-	-	-	-	-	-	-	-	-	-	-
East Meon	-	-	-	-	-	-	-	-	-	5	5	-
Horndean	-	1	3	1	-	-	-	-	-	-	-	-
Rowlands Castle	-	-	-	-	-	-	-	-	-	-	1	-
TOTALS	2	1	3	1	-	-	-	-	-	5	6	-

TUBERCULOSIS.

The total number of cases on the register on the 31st December, 1958, was two hundred and forty eight. Of the thirty additions to the Register during the year, six were transferred to this area from other districts.

The apparent increase in the incidence of tuberculosis is misleading, but there is no cause for alarm, as there were only five new cases notified among the normal residents; the remaining notifications were in respect of patients who were at a Chest Hospital at the time of notification.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1958:-

	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1958).	102	78	180	25	34	59
New additions to the Register during the year.	21	7	28	1	1	2
Removals from the Register during the year.	14	7	21	-	-	-
Number on Register at the end of the year (1958)	109	78	187	26	35	61

Analysis of new cases and deaths according to age groups:-

	New cases. (including transfers)				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	1	-	1	-	-	-	-	-
15 - 25	2	-	-	-	1	-	-	-
25 - 35	5	2	-	1	1	-	-	-
35 - 45	6	2	-	-	-	-	-	-
45 - 55	4	2	-	-	-	-	-	-
55 - 75	3	1	-	-	1	-	-	-
over 75	-	-	-	-	-	-	-	-
TOTALS	21	7	1	1	3	-	-	-

Analysis of removals from the Register:-

Removals	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Recoveries	-	-	-	-	-	-
Deaths	3	-	3	-	-	-
Transfers	11	7	18	-	-	-
TOTALS	14	7	21	-	-	-

No action was taken in 1958 under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936 (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

SCABIES.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

PEDICULOSIS.

Cases of pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Love Lane, Petersfield, by appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

HOME HELP SERVICE.

Petersfield Divisional Office is situated at the rear of the Town Hall, Petersfield (Telephone, Petersfield 771, extension 18) and is open Mondays to Fridays 9 a.m. to 12 noon and Saturdays 9.30 - 10 a.m. when Mrs. Holmes, or her clerk Mrs. Eaton, will be available. Applications for Home Help should be made direct to this office.

The area covered by the Petersfield Division consists of Petersfield Urban and Rural Districts, Droxford Rural District and Alton Urban and Rural District.

PROVISION OF SHORT STAY ACCOMMODATION IN OLD PEOPLE'S HOMES.

I am indebted to Mr. F.J. Bryan Long, County Welfare Officer, for the following note upon the County Council's short stay scheme.

The Welfare Committee of the County Council operate a scheme whereby any places temporarily vacant in County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme has enabled families to take a rest from giving constant attention to elderly relatives and has been of help also in times of illness and other domestic crises, when a younger relative or friend has been temporarily unable to care for an elderly person.

Provision of Short Stay Accommodation in Old People's Homes (continued).

During the year, a total of 78 old people in the County were given a holiday in this way, the length of stay varying between a week and a month.

Accommodation under this scheme cannot be offered to old people needing regular medical and nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Officer or direct to the County Welfare Officer at The Castle, Winchester.

NATIONAL ASSISTANCE ACT, 1948.

During the year, official action under Section 47 of the National Assistance Act, 1948 was taken in the case of an old woman living in Rowlands Castle, who was removed to hospital. The section applies to persons "who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention".

In addition, one potential case was brought to the notice of this Department and investigated, and it is satisfactory to report that suitable arrangements were made without having to take any drastic procedure.

The assistance given by the Welfare Officer, Public Health Inspectors, Health Visitors and Voluntary Organisations is greatly appreciated in these difficult and distressing cases.

CITIZENS' ADVICE BUREAU.

The local office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The office is open Monday to Friday from 9 a.m. to 12.30 p.m. and from 2 p.m. to 4.30 p.m. On Saturday it is open from 9 a.m. to 12.30 p.m.

WEIGHT LIFTING.

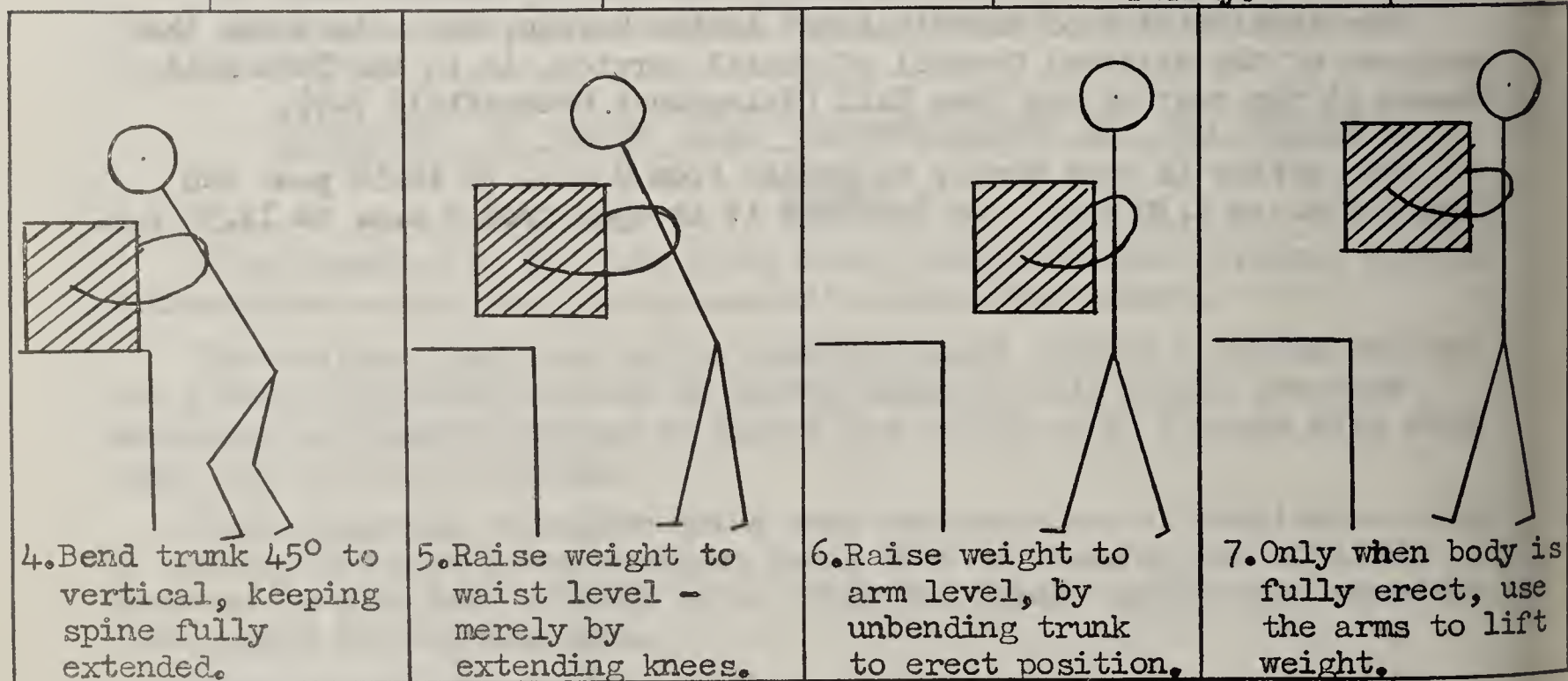
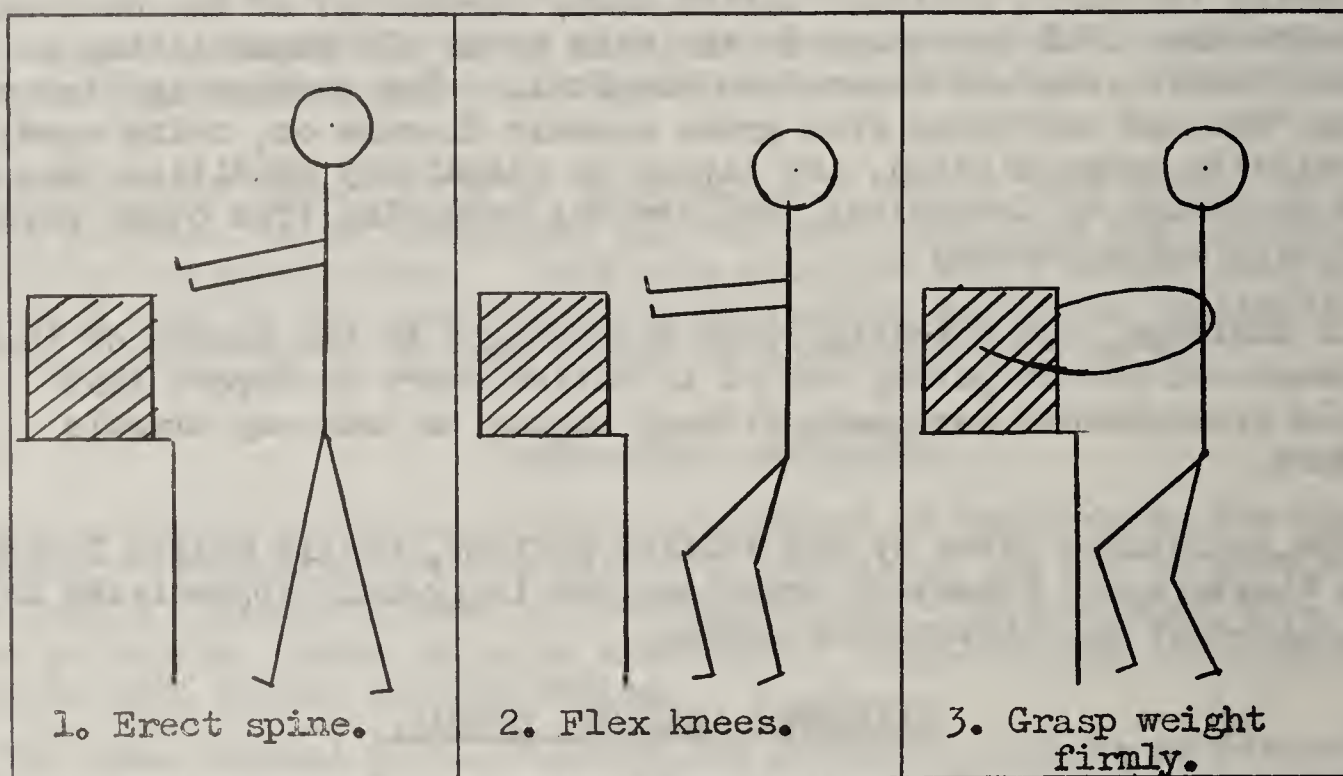
Dr. Graham-Bonalie gives the following practical advice on how to lift heavy weights with safety:-

If it is not possible to raise the weight from the floor by extending the knees, or to lift it any higher by means of the arms, then the weight is too great for the particular person to lift.

It is probably correct to say that the trunk, except as a support for the arms, should not be used at all in the act of lifting.

Lifting is not a feat of strength, but a matter of mechanics.

A heavy weight should be lifted by numbers:-



RURAL DISTRICT COUNCIL OF PETERSFIELD.

Public Health Department,
The Old College,
Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1958 on the sanitary circumstances of the area and the duties for which I am responsible.

The Council's policies over rehousing, improvement grants and loans have enabled a large proportion of demolition type properties to be recovered and, only in cases where the fabric is completely worn out, or where the nature of the site is unfavourable, does demolition seem to result from formal action under Sections 16 and 17 of the Housing Act, 1957.

The wisdom of these policies must be apparent in the villages so far dealt with.

South of the Downs, new development is tending to push out some of the old sub-standard shacks, largely due to enhanced value of building sites.

The sewerage schemes in hand, and in course of preparation, will enable many more properties to be satisfactorily drained during the next few years, and this fact links closely with house renovation and improvement.

Each year sees an improvement in piped water supplies. The provision of taps indoors is necessarily related to adequate drainage facilities and the new sewerage schemes should do much to assist the provision of "modern plumbing" and taps over sinks.

There are still a number of private sources of water which require investigation.

Little routine work was carried out in connection with food premises and no routine inspections were carried out under the Food Hygiene Regulations. It is hoped that more time will be available for this work as the housing position improves.

The department's ability to carry out the Council's policies depends on co-operation and I am grateful to my colleagues in all departments for their help.

A. SWAN.
Chief Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Supplies from all sources proved adequate during the year and there was no shortage of main water.

The Water Undertakers of the Rural District are:-

- (a) The Portsmouth and Gosport Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and
- (b) The Wey Valley Water Company, Farnham, Surrey. This Company now supplies the remaining parishes.

The policy of persuading owners to provide a supply of water in pipes, and to take water into the houses by means of pipes, has continued and these results are indicated in the table below.

In the parishes of Buriton and East Meon the problem of water supply can be linked with the provision of main drainage, and the completion of main drainage schemes will result in a further reduction of the number of dwellings obtaining water from standpipes.

The provision of a main water supply to the Hogs Lodge area of Clanfield was completed in June, 1958; the system which boosts water from the Portsmouth Water Company's main, supplies 17 out of the 20 houses in the area. A few of the properties remain unconnected.

The properties in the district which have not a piped supply of water indoors are summarised as follows:-

119 dwellings have stored rainwater.

121 dwellings have wells from which water is drawn by a bucket or pump in the garden.

224 dwellings have main supply which is drawn from standpipes in the garden.

Copies of reports on samples taken from water mains were sent to the water companies concerned.

Sewerage and Sewage Disposal.

The East Meon scheme was completed in February, 1959. Work on the Buriton scheme is in progress and it is anticipated that it will be completed by June, 1960.

During the year, investigations were carried out in the hamlet of Weston where there is gross pollution of watercourses. Schemes for providing main drainage to this hamlet and also to the Greenway Lane area of Buriton have been prepared and Ministerial approval is awaited.

The scheme for the main drainage of the parish of Greatham is to be resubmitted to the Minister for approval. This scheme is very necessary in order to abate long standing nuisances and to enable certain houses to be provided with adequate drainage arrangements. It has hitherto been held up by restriction of capital expenditure.

Rivers and Streams.

The main rivers and streams are as follows:-

- (1) The River Wey, which passes through Bramshott Parish, and collects the discharge of water from Waggoners Wells.
- (2) The River Rother, which passes through the Parish of Hawkley, forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.
- (3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

- (a) West Sussex River Board Area.
- (b) Thames above Teddington Area.
- (c) Hampshire River Board Area.

Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1958, taken in Greatham. The average fall for a year is 34".

January	3.80 inches.	July	1.86 inches.
February	2.28 inches.	August	4.34 inches.
March	1.56 inches.	September	4.92 inches.
April	0.95 inches.	October	2.60 inches.
May	2.82 inches.	November	2.46 inches.
June	3.15 inches.	December	3.97 inches.

Total for the year: 34.71 inches.

Night Soil Collection.

Pail closet contents are emptied once weekly from Ramsdean, Greatham and Hawkley and twice weekly in parts of the following parishes:-

Bramshott.	Buriton.	Clanfield.
East Meon.	Froxfield.	Langrish.
Liss.		

Public Cleansing.

A much wider use of litter bins is apparent and the problem of more frequent emptying now seems largely to have replaced that of street scavenging.

A collection of house refuse is carried out in localities defined on maps approved by the Council. The collection days are as follows:-

Bramshott.	Weekly	Monday, Tuesday and Friday.
Buriton.	Fortnightly	Friday.
Clanfield.	Weekly	Wednesday.
Colemore and Priorsdean.	Fortnightly	Thursday.
East Meon.	Fortnightly	Thursday.
Froxfield.	Fortnightly	Thursday.
Greatham.	Fortnightly	Friday.
Hawkley.	Fortnightly	Friday.
Horndean.	Weekly	Tuesday.
Langrish.	Fortnightly	Thursday.
Liss.	Weekly	Wednesday and Thursday.
Rowlands Castle.	Weekly	Monday.
Steep.	Fortnightly	Friday.

Shops.

It is the duty of the County Council to enforce the general provisions of the Shops Act, 1950, but District Councils have responsibility, as part of their duties under the Public Health Acts, to enforce the provisions of section thirty eight of the Act relating to ventilation, temperature and sanitary conveniences.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Moveable Dwellings.

There are five licensed sites in the district and one hundred and three licences were issued in respect of individual moveable dwellings. Sixteen of these were new applications. Five applications were refused.

The number of moveable dwellings still tends to increase a little from year to year.

The practice of using caravans as homes continues and seems to follow the same pattern throughout the country. The Ministry of Housing and Local Government has appointed Sir Arton Wilson to make an investigation into this problem.

Hop Pickers' Accommodation.

The number of pickers requiring lodging has been substantially reduced following the introduction of mechanical picking at one of the farms.

The growers were most co-operative and there were no breaches of byelaws.

The fire risk due to the use of primus stoves in the huts is not a responsibility of the local authority, but they have recorded their concern.

Rural Schools.

Periodic visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation.

Only one school in this district is not now provided with a water carriage system of drainage. Other improvements are effected from time to time.

Insect Infestation.

Routine mosquito control was carried out during the "invasion" seasons. A number of complaints received during the year were dealt with but there were no major infestations.

There was a continued increase in the number of complaints of other insect pests in the home and we assisted with disinfection where possible.

Houses suspected of being verminous are fumigated in cases where occupants are to be moved to Council accommodation.

INSPECTIONS AND VISITS.

	<u>Totals.</u>
Accumulations	14
Bakehouses	2
Cafés	1
Cesspools	32
Clean Air Act, 1956	25
Dairies	72
Drains inspected	240
Drains tested	4
Factories	18
Food Preparing Premises	26
Food Vans	1
Hop-pickers' Camps	14
Houses (Public Health and Housing Acts)	126
Houses (Improvement Grants)	185
Houses (Works in progress)	422
Housing applications	19
Ice Cream	7
Infectious Disease	66
Insect Infestation	27
Keeping of Animals	4
Knackers Yards	46
Licensed Premises	12
Meat Inspection	76
Meat Shops	19
Miscellaneous	187
Mosquito Control	13
Moveable Dwellings	332
National Assistance Act, 1946	31
Nuisances	80
Overcrowding	10
Offensive Trades	8
Rodent Control	256
Schools	54
Shops	38
Slaughter-houses	13
Unsound Food	7
Verminous or dirty premises	18
Verminous premises disinfested	3
Water supply	200
TOTAL	2,708

Samples submitted for laboratory examination:-

Water	52
Milk	46
Milk bottles (for sterility).	9
Milk for Ring Test	65
TOTAL	172

H O U S I N G.

Provision of New Houses.

The following sixteen new Council housing units were erected during the year:-

Houses -

19 and 20 Admers Crescent, Liphook.
25, 27, 29, 31, 33 and 35 Dennis Way, Liss.

Flats -

71, 72, 73 and 74 Admers Crescent, Liphook.
78, 80, 82 and 84 Dennis Way, Liss.

During the year, one hundred and sixty one houses were built by private enterprise.

Summary of work carried out under Public Health and Housing Acts.

1. Inspection of dwelling houses during the year -

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	126
(b) Number of inspections made for the purpose	422
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	33
(b) Number of inspections made for the purpose	119
(3) Number of dwelling-houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit	23
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, fit for human habitation	27

2. Remedy of Defects during the year without service of formal notices -

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	16
---	----

Summary of work carried out under Public Health and Housing Acts (continued).

3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 -

- | | |
|---|-----|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | Nil |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices - | |
| (a) By owners | Nil |
| (b) By Local Authority in default of owners . . . | Nil |

(b) Proceedings under Public Health Acts -

- | | |
|---|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied. | 4 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices - | |
| (a) By owners | 4 |
| (b) By Local Authority in default of owners . . . | Nil |

(c) Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957 -

- | | |
|---|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders and Closing Orders were made | 10 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | 12 |
| (3) Number of dwelling-houses closed in pursuance of an undertaking given by the owner under Section 16 . . . | 12 |

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Housing Conditions.

The programme approved by this Council and the Ministry in 1954 showed 132 houses to be dealt with during the subsequent five years, which indicated an average annual rate of 26.

The order in which parishes were inspected was dictated by the Council's schemes for new houses and by main drainage proposals which have been so long delayed by financial restrictions. Moreover, 25 houses are in two areas for which new housing is not proposed for the time being and these will have to wait until the rest of the programme is complete. Of the remaining 107 houses on the list, 62 have been dealt with and a further number in East Meon and Buriton are now receiving attention. Thirty one reported to the Council for formal action are not on the list and do not appear in the above figures. The total of 93 houses dealt with means that, with the exception of the areas referred to above, we complied with the rate of progress dictated by the five year programme, although not quite in the order anticipated.

Housing Conditions (continued).

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

Most of the occupied houses dealt with were referred by the Housing Manager or Housing Committee in connection with applications for rehousing.

Twenty three houses were in fact dealt with in accordance with the following table:-

Parish.	Houses dealt with	Houses empty.	Families rehoused or needing rehousing by this Council.
Bramshott.	5	-	4
Clanfield.	1	-	1
Greatham.	5	-	5
Horndean.	7	6	1
Langrish.	1	-	1
Liss.	4	1	3
TOTALS	23	7	15

The Rural Housing Survey records have been brought up to date as far as possible. The comparative figures are:-

Year	Cat. 1.	Cat. 2.	Cat. 3.	Cat. 4.	Cat. 5.	Demolished, converted, or used for other purposes	Total
1950	879	412	2177	172	178	-	3818
1958	1071	385	2042	110	59	151	3818

Nowadays, because of the cost of new building, nearly all properties have a relatively high market value for improvement and modernisation and only a very few are actually demolished.

The making of improvement grants has had a marked effect on the housing conditions in the district because a policy of complete overhaul and regular maintenance is pursued in connection with all grant aided properties.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

We were unable to maintain the same degree of supervision and control of distributors and retail dairies as in recent years. There are twenty one distributors of milk on this Council's register.

Of the forty six samples taken, three failed to pass the required test.

There are two dairies in the district where pasteurisation is carried out and they are supervised under powers delegated by the County Council.

Licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Pasteurised"	13
Dealer's Licences to use the designation "Sterilised"	2
Supplementary Licences to use the designation "Pasteurised"	8
Supplementary Licences to use the designation "Sterilised"	3

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Tuberculin Tested" . ..	7
Supplementary Licences to use the designation "Tuberculin Tested"	8

Meat and Other Foods.

There was no complaint about the meat shops in the area. In general meat was of good quality and well handled.

Three slaughterhouses were licensed but the one with the biggest throughput was not in use for nine months.

New Regulations in connection with construction and equipment to secure humane slaughter and hygienic conditions have been introduced. Some of the provisions are not immediately enforceable, but the probability is that only one of the three slaughterhouses will be retained.

Section 16 of the Food and Drugs Act, 1955, provides for the registration of all premises used for:-

- (a) the sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or
- (b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are seventy seven entries in this Council's register in respect of ice cream premises and sixteen in respect of preserved food premises.

Inspection and Supervision of Food (continued.)
Meat Inspection.

The following carcasses were examined during the year:-

Cattle (excluding cows)	108
Cows	42
Sheep	297
Pigs	488
Calves	<u>93</u>
TOTAL	<u>1,028</u>

It is apparent from the following table of meat condemned as a result of these examinations that the quality of meat handled was very high due, no doubt, to the fact that the majority of animals were slaughtered by the purchasers for their own use.

- 2 carcasses of beef and organs.
- 3 hindquarters of beef.
- 4 ox heads.
- 2 ox tongues.
- 5 ox lungs.
- 1 ox heart.
- 11 ox livers.
- 3 part ox livers.
- 1 carcase of calf and organs.
- 3 pig carcasses and organs.
- 5 pigs' heads and tongues.
- 2 pigs' legs.
- 8 pigs' lungs.
- 19 pigs' livers.
- 1 pig's kidney.
- 3 pigs' plucks.
- 3 hindquarters of pork.
- 1 sheep's liver.
- 11 sheeps' lungs.

Total weight of meat condemned: 1 ton 9 cwts 1 qtr 11 lbs.

Details of other condemned food:-

	<u>lbs.</u>
Pork sausages	165
Beef sausages	50
Pork chipolata	18
Beef chipolata	<u>10</u>
TOTAL	<u>243 lbs.</u>

Adulterations.

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1955 which place restrictions on the addition to, or abstraction of substances from, food and drugs.

Inspection and Supervision of Food (continued).
Adulterations.

I am indebted to Mr. J.S. Preston, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

111 samples were procured under the Food and Drugs Act, 1955.

These comprised 90 samples of milk, including 29 of Channel Islands Milk, all of which proved to be satisfactory.

Of the 21 samples of the various articles other than milk which were obtained, only one was the subject of an adverse report, as follows:-

Pate' - incorrect label.

The product was satisfactory as regards composition but its container did not bear a statement of ingredients, as required by the labelling of Food Order.

During normal visits to traders attention was given to the provisions of the Labelling of Food Order and the Pharmacy and Medicines Act, in so far as they relate to the marking of ingredients and other particulars which are required to be furnished with certain foods and medicines.

RODENT CONTROL.

Rodent control in the area is carried out by Council staff, by private servicing companies and by local rat catchers.

Treatments at dwelling houses are a free Council service, but where business premises are involved a charge is made. No contracts are entered into, but "ad hoc" treatments are carried out on request.

The treatment side is very important, but is complementary to duties of inspection under the Prevention of Damage by Pests Act, 1949.

Pressure of work varies from season to season and from year to year. During the winter of 1958/59 infestation was heavier than for several years.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory. No complaints were made in respect of treatments, largely because of our ability to make "follow up" visits.

Rodent Control (continued).

The following table gives details of inspections and treatments for the period 1st April, 1958 to the 31st March, 1959:-

	Type of Property.				
	Local Authority	Dwelling Houses	All other (including business premises)	Total of Cols (1) (2) and (3).	Agri-cultural
	(1)	(2)	(3)	(4)	(5)
1. Number of properties in Local Authority's District	16	6343	516	6875	278
2. Number of properties inspected as a result of:-	1	164	28	193	33
(a) Notification	9	1440	56	1505	160
(b) Survey under the Act	3	241	9	253	3
(c) Otherwise (when visited primarily for some other purpose.)					
3. Total inspections carried out, including re-inspections	30	2384	139	2553	405
4. Number of properties inspected which were found to be infested by:-					
(a) Rats (Major)	6	23	3	32	26
(a) Rats (Minor)	11	790	11	812	72
(b) Mice (Major)	-	3	1	4	2
(b) Mice (Minor)	-	32	2	34	1
5. Number of infested properties (in 4 above) treated by the L.A.	16	848	15	879	101
6. Number of "Block" control schemes carried out			37		

N.B. -

Local Authority's Properties. Council houses are included under Dwelling Houses. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farms, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.

FACTORIES.

Mr. A.N. Jones is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is 2/4 Fawcett Road, Southsea.

Inspections for purposes as to health:-

Premises.	Number on Register	Inspections	Number of written Notices.
(1) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	4	32	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	54	44	1
(3) Other Premises in which Section 7 is enforced by the Local Authority	-	-	-
TOTALS	58	76	1

